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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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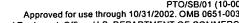
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MAC1001U Attorney Docket Number **DECLARATION FOR UTILITY OR** Brian K. Courtney **First Named Inventor DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date ■ Declaration ☐ Declaration Submitted OR Submitted after Initial Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

As a below named inventor, I he	reby declare that:						
My residence, mailing address, and	d citizenship are as sta	ted below next to my nan	ne.				
names are listed below) of the sub Distal Embolization P	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Distal Embolization Protection Suction System to Enable Vascular Procedures by Means of a Proximally Positioned Inflatable Occlusion						
		Title of the Invention)					
the specification of which							
is attached hereto OR		as United St	ates Annlication I	Number or PCT International			
☐ was filed on (MM/DD/YYYY)			aloo / ippiloatori /				
Application Number	and was a	mended on (MM/DD/YY)	m	(if applicable).			
I hereby state that I have reviewed amended by any amendment spec	d and understand the co	ontents of the above iden	tified specification	n, including the claims, as			
in-part applications, material inform	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO			
☐ Additional foreign application r	numbers are listed on a	supplemental priority da	ta sheet PTO/SB	/02B attached hereto:			
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Number(s) 60/208,953 05/31/2000 Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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NAME OF SOLE OR FIRST INV	ENTOR:			A petiti	on has been	filed for this unsigned inventor
Given Name Brian K. (first and middle [if any]) Family Name Courtney or Surname						
Inventor's Signature Date 5/31/2001						
Residence: City Redwood City	•		State CA		Country	Citizenship Canadian
Mailing Address 201 Monroe S	Street	•				
Mailing Address					,	
_{City} Mountain View	_ _{State} CA			ZIP	94040	Country US
NAME OF SECOND INVENTOR	:			A petiti	on has been	filed for this unsigned inventor
Given Name John M. (first and middle [if any])				Family I	Name MacN	/lahon
Inventor's Signature Date 5/31/2001						
Residence: vity Mountain View	N		State CA	4	Country US	
Mailing Address 201 Monroe Street						
Mailing Address						
city Mountain View	State CA	W-1-W		ZIP 9	4040	Country US
Additional inventors are being named		suppleme			tor(s) sheet(s) P	PTO/SB/02A attached hereto.



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PTO/SB/02A (11-00)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _1_

		•					
Name of Additional Joint Inventor, if a	ny:		A petition has been f	iled for t	this unsigned inventor		
Given Name (first and middle [if any]])	Family Name or Surname					
Thomas G.		Go	off				
Inventor's Signature M. M.					_{Date} 05.3/.0/		
Residence: City Mountain View	State CA		Country US	,	Citizenship US		
Mailing Address 201 Monroe Street							
Mailing Address							
_{City} Mountain View	State CA		ZIP 94040	Count	_{try} US		
Name of Additional Joint Inventor, if ar	ny:		A petition has been file	ed for th	is unsigned inventor		
Given Name (first and middle [if any])		Family Na	ame or S	Surname		
			•				
Inventor's Signature					Date		
Residence: City	State		Country		Citizenship		
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Name of Additional Joint Inventor, if a	ny:		A petition has been file	d for this	s unsigned inventor		
Given Name (first and middle [if any])		Family	y Name	or Surname		
Inventor's Signature	Y				Date		
Residence: City	State		Country		Citizenship		
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Application Number		
Filing Date		
First Named Inventor	Brian K. Courtney	
Group Art Unit		
Examiner Name		
Attorney Docket Number	MAC1001U	

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Stateme	nt undei	r 37 CFR 3.73(b) is	enclosed. (Form P	O/SB/	96).			
		SIGNATURE of	Applicant or Assign	ee of R	lecord			
Name	Brian	K. Çourtney						
Signature	Bus	list						
Date	5/	31/2001	_					
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First Named Inventor	Brian K. Courtney
Group Art Unit	
Examiner Name	
Attorney Docket Number	MAC1001U

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		SIGNATURE of	Applicant or Assign	ee of	Record			
Name	John M	l. MacMahon						
Signature	11	72						
Date	1	5/31/2001						
NOTE: Signatures of all forms if more than one	I the inventor	rs or assignees of reco	rd of the entire interest	or their	representative(s)) are requir	red. Submit m	ultiple
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Application Number		
Filing Date		
First Named Inventor	Brian K. Courtney	
Group Art Unit		
Examiner Name		
Attorney Docket Number	MAC1001U	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address Address City State Zip Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96). SIGNATURE of Applicant or Assignee of Record Name Thomas G. Goff Signature Date 5/3//a/ NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	OR	int: ners at Customer Number ner(s) named below: Name	25197	Regi	Parent Bar Code Label Afre 97 PATENT TRADEMARK OFF	ICE
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Address Address City State Zip Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Thomas G. Goff Signature Jume Affiliation Date 5/31/01 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	The above-			fied applicat	ion to:	
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Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Thomas G. Goff Signature Date 5/3//0/ NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				State	Zip	-
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Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Thomas G. Goff Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			F	ax		-
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